Appendix L

RESPIRATOR USER SURVEY FORM

Name (optional): ________________________________ UM ID (optional): ________________

Dept. Name: ________________________________ Date: ________________________________

Job Title: ________________________________

You have been identified as a user of respiratory protection at the University of Michigan (UM). This survey contains several questions about your use of respirator(s) at UM and only takes a couple of minutes to complete. The purpose of this survey is to help OSEH evaluate the effectiveness of our respirator program. Please take some of your time and respond to all questions, as appropriate.

Thank you for your help in completing this survey.

If you answer “No” to any of the following questions, please provide comments and indicate the model and type of respirator and/or cartridge you are referring to.

1. For respirators with tight-fitting facepieces, e.g., a full or ½-face APR or SCBA: Does the respirator you wear fit properly and maintain a good seal with your face? Yes ☐ No* ☐ N/A ☐

   Improvement Suggestions / Comments: (* Please provide the respirator model/type, if you answered no.)

2. By their nature, respirators may have some impact on your vision, hearing, communication or ability to move about. Other than some minor impact, does the respirator you wear allow you to perform your work effectively? Yes ☐ No* ☐ N/A ☐

   Improvement Suggestions / Comments: (* Please provide the respirator model/type, if you answered no.)

3. Is the respirator you wear appropriate for the hazards of your job, i.e., does it provide you with adequate respiratory protection? Yes ☐ No* ☐ N/A ☐

   Improvement Suggestions / Comments: (* Please provide the respirator model/type, if you answered no.)
4. Is the respirator you wear maintained in good condition, i.e., is it stored properly, cleaned properly and repaired promptly when necessary?  

* Please provide the respirator model/type, if you answered no.

5. It is important to wear and use a respirator properly under the workplace conditions you encounter. Do you...  

A. Inspect your respirator before each use?  
B. Perform a User Seal Check before each use?  

* Please provide the respirator model/type, if you answered no.

6. Do you smell chemical odors while wearing a cartridge respirator?  

Select the response that best describes your answer.  

Almost Always | Sometimes | Never  
---|---|---  
1* | 2* | 3 | 4 | 5

* Please provide the respirator & cartridge type, if you noted category 1 or 2.

7. How satisfied are you with the respirator program in general, which includes such elements as proper selection, fit testing, training, maintenance, cleaning and storage?  

Select the response that best describes your answer.  

Not Satisfied | Satisfied | Very Satisfied  
---|---|---  
1* | 2* | 3 | 4 | 5

* Please provide the respirator type, if you noted category 1 or 2.